### Delbert Hosemann SECRETARY OF STATE

# Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

	Beceived
	JAN 2 9 2010
	Secretary of State

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Candidate's Name_	Bennie L. T			
Full Address Post	Office Box	312; West	Point, MSS	39773
Telephone (662)	494-6611	(Fax)	(662) 494-	4814
E-mail_blt@btur	nerlaw.com	<del></del> :	£ **	
Office Sought Sen	ator 16	S. 1115	Political Party_	Democratic
(MIN)				

Check here if above is different from previous report

### TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)......All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Requi

Required to terminate reporting obligations

#### IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	This Perio		Calendar year-to-date
	0.00	\$ -	750.00
10 45 6000			
19.43 \$ 263	3.53	<b>\$</b> 1	,382.98
\$ <sub>52</sub> .	08		
best of my know	viedge and beli	ief it is true, a	accurate, and compl
	\$ <sub>52</sub> .	\$52.08 best of my knowledge and believed.	\$52.08 best of my knowledge and belief it is true, a

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee \_\_Bennie\_L.\_Turner\_

Reporting period January 1, 2009 through December 31, 2009

# ITEMIZED RECEIPTS

A. Source:   Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	++	\$
ATS.TPAC	10-27-09-	200.00
Mailing Address	11	\$
175 E. Capital St. Landmark Center RM 703 City, State, Zip Code		\$
Jackson, MS 39201		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 200.00
B. Source:   Corporation   PAC   Individual   Loan	Date	Amount off each
□ Other (please specify)	(Mo., Day, Year)	receipt
Full name		this periiod
Abbott Laboratories	11/02/09	250.00
Mailing Address  100 Abbott Park Road		\$
City, State, Zip Code  Abbott Park, IL 60064-6028		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$250.00
C. Source:   Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	1	
Mississippi Association For Homecare Mailing Address	12/15/09	\$300.00
134 Fairmont St. STEB City, State, Zip Code	' '	\$
Clinton, MS 39056		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
Source: Corporation D PAC D Individual D Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipti this period
Full name		\$
Mailing Address		\$
City, State, Zip Code	1 1	\$
Name of Employer (Required)		\$
Occupation (Required)		
	Aggregate year-to-date	\$

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Page		OI_	

Name of Candidate or Committee Bennie L. Turner

Reporting period January 1, 2009 through December 31, 2009

# ITEMIZED DISBURSEMENTS

A. Full name Daily Times Leader	Date (Mo., Day, Year)	Amount of each disbursement this period
		S
P.O.Box 1176	01_06_09_	84.00
City, State, Zip Code	, ,	\$
West Point, MS 39773	'	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Subscription		84.00
B. Full name  John Horhn, Mayor Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01 14 09	\$200.00
City, State, Zip Code		\$
0.0,, 0.0.0, =,,	'	
Purpose of Disbursement (Optional)	Aggregate	\$
Contributions	Year-to-date	200.00
C. Full name	Date	Amount of each
West Point Alumni	(Mo., Day, Year)	disbursement this period
Mailing Address	01-21-09-	\$ 120.00
City, State, Zip Code		S
West Point, MS 39773 Purpose of Disbursement (Optional)	Annonto	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	70
MIK Tickets		120.00
D. Full name	(Mo., Day, Year)	Amount of each disbursement this period
Running Water Baptist Church	(mor, bay, roary	S
Mailing Address P.O. Box 473	0420-69-	100.00
City, State, Zip Code		\$
- September 1997 - 1997	_/_/_	
Shugualak, MS 39361 Purpose of Disbursement (Optional)	Aggregate	\$
r dipose of biosciosine (epistery)	Year-to-date	100 00
E. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Charles L. Younger Sr. Foundation Mailing Address		\$
P.O. Box 1970	05 04 09	50.00
City, State, Zip Code		\$
Meridian, MS 39302-1970	-'-'-	
Purpose of Disbursement (Optional)	Aggregate	s
Donation in lieu of Flowers	Year-to-date	50.00
F. Full name	Date	Amount of each
The Control of the Co	(Mo., Day, Year)	disbursement this period
Northside Christian Church Mailing Address	06 12 09	\$ 50.00
155 Cottrell St.		
City, State, Zip Code	1 1	\$
West Point, MS 39773		
Purpose of Disbursement (Optional)	Aggregate	I \$
Youth-Golf Tournament - Donation	Year-to-date	50.00

Name of Candidate or Committee \_\_\_\_\_\_ Bennie L. Turner

### ITEMIZED DISBURSEMENTS

Mailing Address   P. O. Box 32   10/2709   \$ 50.00			
P.O. Box 32   10/2709   50.00		AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	Amount of each disbursement this period
Name		10/2709	\$ 50.00
Purpose of Disbursement (Optional)   Aggregate   Subscription   Amount of each   Amount o	City, State, Zip Code	//	s
Date   Amount of each disbursement this perior	Purpose of Disbursement (Optional)		
Mailing Address	B. Full name	The second control of	
Tipelo MS 38802-0909 Tipelo MS 38802-0909 Purpose of Disbursement (Optional) Subscription C.Full name C.Full name The Green Leaf Flower & Gift. Mailing Address 620 W. Main Street City, State, Zip Code West Point, MS 39773 Purpose of Disbursement (Optional) D. Full name Priendship Connection Mailing Address City, State, Zip Code City, State, Zip Code Purpose of Disbursement (Optional) Contribution E. Full name Rryan Public Library Mailing Address P. ORAN 675 City, State, Zip Code West Point, MS 39773 Purpose of Disbursement (Optional) Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Keep Hope Alive Christmas Party Mailing Address C/O MS. Pat Quinn; P.O. Box 933  P.O. Sound Address Con Mailing Address Con Ms. Pat Quinn; P.O. Box 933  P.O. Sound Address Sound Annount of each disbursement (Insperior Mailing Address Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Contribution in me	Mailing Address	10/2709	\$ 125.00
Aggregate Year-to-date Year-to-date   125.00	City, State, Zip Code		\$
Subscription   Date (Mo., Day, Year)	Purpose of Disbursement (Optional)		
C. Full name	Subscription	Year-to-date	125.00
Mailing Address 620 W. Main Street City, State, Zip Code West Point, MS 39773  Purpose of Disbursement (Optional)  D. Full name Purpose of Disbursement (Optional)  Contribution  E. Full name Rryan Public Library Mailing Address  P. O. Box 675 City, State, Zip Code  West Point, MS 39773  Purpose of Disbursement (Optional) Contribution  E. Full name Rryan Public Library Mailing Address  P. O. Box 675 City, State, Zip Code  West Point, MS 39773  Purpose of Disbursement (Optional) Contribution in memory of Mr. P.T. Hodo, J. Year-to-date Keep Hope Alive Christmas Party Mailing Address C/O Ms. Pat Quinn; P.O. Box 933  11/06/09  \$ 37.45  Aggregate Year-to-date (Mo., Day, Year)  \$ 25.00  Amount of each disbursement this perion Amount of each disbursement this perion  Aggregate Year-to-date  S 25.00  Amount of each disbursement (Optional) Contribution in memory of Mr. P.T. Hodo, J. Year-to-date  Keep Hope Alive Christmas Party Mailing Address C/O Ms. Pat Quinn; P.O. Box 933	C. Full name	CONTRACTOR STATE S	Amount of each disbursement this period
City, State, Zip Code   West Point, MS 39773	Mailing Address	<u>11/06/09</u>	\$ 37.45
Purpose of Disbursement (Optional)  D. Full name  Eriendship Connection  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  Contribution  E. Full name  Rryan Public Library  Mailing Address  Purpose of Disbursement (Optional)  Rryan Public Library  Mailing Address  Purpose of Disbursement (Optional)  Rryan Public Library  Mailing Address  P.O. Box 675  City, State, Zip Code  West Point, MS 39773  Purpose of Disbursement (Optional)  Contribution in memory of Mr. P.T. Hodo, J. Year-to-date  Keep Hope Alive Christmas Party  Mailing Address  C/o Ms. Pat Quinn; P.O. Box 933  Aggregate  Year-to-date  Solve Amount of each disbursement this perion of Mr. P.T. Hodo, J. Year-to-date  Solve Amount of each disbursement this perion of Mr. P.T. Hodo, J. Year-to-date  Solve Amount of each disbursement this perion of Mr. P.T. Hodo, J. Year-to-date  Solve Amount of each disbursement this perion of Mr. P.T. Hodo, J. Year-to-date  Solve Amount of each disbursement this perion of Mr. P.T. Hodo, Date  (Mo., Day, Year)  Solve Amount of each disbursement this perion of Mr. P.T. Hodo, Date  (Mo., Day, Year)  Solve Amount of each disbursement this perion of Mr. P.T. Hodo, Date  (Mo., Day, Year)  Solve Amount of each disbursement this perion of Mr. P.T. Hodo, Date  (Mo., Day, Year)	City, State, Zip Code		\$
Mailing Address   11/09/09   25.00	(1000 1001)		*
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  Contribution  E. Full name  Rryan Public Library  Mailing Address  P.O. Box 675  City, State, Zip Code  West Point, MS 39773  Purpose of Disbursement (Optional)  Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  E. Full name  Keep Hope Alive Christmas Party  Mailing Address  C/O Ms. Pat Quinn; P.O. Box 933  Aggregate  Maggregate  Maggregat		Property American Control (Control	Amount of each disbursement this period
Purpose of Disbursement (Optional)  Contribution  E. Full name  Rryan Public Library Mailing Address  Purpose of Disbursement (Optional)  Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  Keep Hope Alive Christmas Party Mailing Address  C/O Ms. Pat Quinn; P.O. Box 933  Aggregate Year-to-date  Year-to-date  Samount of each disbursement this perion  Amount of each disbursement (Optional)  F. Full name  Keep Hope Alive Christmas Party Mailing Address  C/O Ms. Pat Quinn; P.O. Box 933  Aggregate (Mo., Day, Year)  Amount of each disbursement this perion	Friendship Connection Mailing Address	11/09/09	The state of the s
Contribution  E. Full name  Rryan Public Library Mailing Address  P.O. Box 675  City, State, Zip Code West Point, MS 39773  Purpose of Disbursement (Optional) Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  Keep Hope Alive Christmas Party Mailing Address  C/O Ms. Pat Quinn; P.O. Box 933  Parts of Date (Mo., Day, Year)  Mailing Address  C/O Ms. Pat Quinn; P.O. Box 933  Parts of Mo., Day, Year)  Amount of each disbursement this perio	City, State, Zip Code		\$
E. Full name  Rryan Public Library Mailing Address  P.O. Box 675 City, State, Zip Code West Point, MS 39773 Purpose of Disbursement (Optional) Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  Keep Hope Alive Christmas Party Mailing Address  C/O Ms. Pat Quinn; P.O. Box 933  Date (Mo., Day, Year)  Manunt of each disbursement this perion  Aggregate (Mo., Day, Year)  Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  Amount of each disbursement this perion  Some of Date (Mo., Day, Year)  Amount of each disbursement this perion  Some of Date (Mo., Day, Year)  Some of Date (Mo., Day, Year)  Amount of each disbursement this perion  Some of Date (Mo., Day, Year)  Some of Date (Mo., Day, Year)	Service Address of Control Con		1
Mailing Address  P.O. Box 675 City, State, Zip Code West Point, MS 39773 Purpose of Disbursement (Optional) Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  F. Full name  Keep Hope Alive Christmas Party Mailing Address C/o Ms. Pat Quinn; P.O. Box 933  11/25/09 \$25.00  Aggregate Year-to-date Company of Mr. P.T. Hodo, Jr. Year-to-date Amount of each disbursement this perion  11/25/09 \$25.00	E. Full name		
City, State, Zip Code  West Point, MS 39773  Purpose of Disbursement (Optional)  Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  Example 1  Keep Hope Alive Christmas Party  Mailing Address  C/o Ms. Pat Quinn; P.O. Box 933  Solution 1  Aggregate 2  (Mo., Day, Year)  Amount of each disbursement this perion 3  25.00	Mailing Address	11/25/09	\$ 25.00
Purpose of Disbursement (Optional) Contribution in memory of Mr. P.T. Hodo, Jr. Year-to-date  F. Full name  Keep Hope Alive Christmas Party Mailing Address C/O Ms. Pat Quinn; P.O. Box 933  Aggregate Year-to-date 25.00  Amount of each disbursement this perio	City, State, Zip Code		\$
F. Full name  Keep Hope Alive Christmas Party Mailing Address  c/o Ms. Pat Quinn; P.O. Box 933  Date (Mo., Day, Year)  (Mo., Day, Year)  disbursement this perio	Purpose of Disbursement (Optional)	Aggregate Year-to-date	Part Control of the C
Mailing Address  c/o Ms. Pat Quinn; P.O. Box 933  12/04/09  \$ 25.00	F. Full name	Date	Amount of each
C/O Ms. Tac Quitm, 100 Box 555	Mailing Address		S
City, State, Zip Code	c/o Ms. Pat Quinn; P.O. Box 933 City, State, Zip Code	1-2-04'-09	\$
West Point, MS 39773	West Point, MS 39773		G.
Purpose of Disbursement (Optional)  Contribution  Aggregate Year-to-date 25.00			1

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Name of Candidate or Committee <u>Bennie L. Turner</u>

Reporting period <u>January 1, 2009</u> through <u>December 31, 2009</u>

# ITEMIZED DISBURSEMENTS

A. Full name Renasant Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		6
P.O. Box 4140	01 22 09	108.00
City, State, Zip Code		\$
West Point, MS 39773	_'_'_	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 108.00
Bank Service Charge B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Clarion-Ledger #1098 Mailing Address	12/21/09	\$263.53
P.O. Box 9001098 City, State, Zip Code		\$
<u>Louisville KV 40290-1098</u> Purpose of Disbursement (Optional)	Aggregate	\$ 263.53
Renewed Subscription	Year-to-date	
C. Full name The Dispatch	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. Box 511	12/31/09	\$ 120,00
City, State, Zip Code Columbus, MS 39703	'	\$
Purpose of Disbursement (Optional)	Aggregate	S
Renewed Subscription	Year-to-date	120.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	\\\-'-	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	2